

| <b>Contractor's Material and Test Certificate for Underground Piping</b>  |   |  |  |
|---|---|--|--|
| <b>PROCEDURE</b><br>Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.<br><br>A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances. |   |  |  |
| Property name   |   |  | Date   |
| Property address  |   |  |  |
| <b>Plans</b>  | Accepted by approving authorities (names)   |  |  |
|   | Address   |  |  |
|   | Installation conforms to accepted plans <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |  |  |
|   | Equipment used is approved <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If no, state deviations   |  |  |
| <b>Instructions</b>   | Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If no, explain   |  |  |
|   | Have copies of appropriate instructions and care and maintenance charts been left on premises? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If no, explain  |  |  |
| <b>Location</b>   | Supplies buildings  |  |  |
| <b>Underground pipes and joints</b>   | Pipe types and class  |  | Type joint   |
|   | Pipe conforms to _____ standard <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|   | Fittings conform to _____ standard <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|   | If no, explain  |  |  |
| <b>Test description</b>   | Joints needing anchorage clamped, strapped, or blocked in accordance with _____ standard <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If no, explain  |  |  |
|   | <b>Flushing:</b> Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush in accordance with the requirements of 10.10.2.1.3.<br><b>Hydrostatic:</b> All piping and attached appurtenances subjected to system working pressure shall be hydrostatically tested at 200 psi (13.8 bar) or 50 psi (3.4 bar) in excess of the system working pressure, whichever is greater, and shall maintain that pressure ±5 psi (0.34 bar) for 2 hours.<br><b>Hydrostatic Testing Allowance:</b> Where additional water is added to the system to maintain the test pressures required by 10.10.2.2.1, the amount of water shall be measured and shall not exceed the limits of the following equation (for metric equation, see 10.10.2.2.6): |  |  |
|   | $L = \frac{SD\sqrt{P}}{148,000}$ <div style="display: flex; justify-content: space-between; font-size: small;"> <span><math>L</math> = testing allowance (makeup water), in gallons per hour</span> <span><math>S</math> = length of pipe tested, in feet</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><math>D</math> = nominal diameter of the pipe, in inches</span> <span><math>P</math> = average test pressure during the hydrostatic test, in pounds per square inch (gauge)</span> </div>  |  |  |
|   |   |  |  |
| <b>Flushing tests</b>   | New underground piping flushed according to _____ standard by (company) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If no, explain   |  |  |
|   | How flushing flow was obtained<br><input type="checkbox"/> Public water <input type="checkbox"/> Tank or reservoir <input type="checkbox"/> Fire pump   |  | Through what type opening<br><input type="checkbox"/> Hydrant butt <input type="checkbox"/> Open pipe                      |
|   | Lead-ins flushed according to _____ standard by (company) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If no, explain   |  |  |
|   | How flushing flow was obtained<br><input type="checkbox"/> Public water <input type="checkbox"/> Tank or reservoir <input type="checkbox"/> Fire pump   |  | Through what type opening<br><input type="checkbox"/> Y connection to flange and spigot <input type="checkbox"/> Open pipe |

# UNDERGROUND REQUIREMENTS

|  |   |               |  |  |
|--|---|---------------|--|--|
| <b>Hydrostatic test</b>  | All new underground piping hydrostatically tested at _____ psi for _____ hours  |               | Joints covered<br><input type="checkbox"/> Yes <input type="checkbox"/> No             |  |
| <b>Leakage test</b>  | Total amount of leakage measured<br>_____ gallons _____ hours   |               |  |  |
|  | Allowable leakage<br>_____ gallons _____ hours  |               |  |  |
| <b>Forward flow test of backflow preventer</b>   | Forward flow test performed in accordance with 10.10.2.5.2:<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |               |  |  |
| <b>Hydrants</b>  | Number installed  | Type and make | All operate satisfactorily<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|  |   |               |  |  |
| <b>Control valves</b>  | Water control valves left wide open<br>If no, state reason  |               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               |  |
|  | Hose threads of fire department connections and hydrants interchangeable with those of fire department answering alarm      |               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               |  |
| <b>Remarks</b>   | Date left in service  |               |  |  |
|  |   |               |  |  |
|  |   |               |  |  |
| <b>Signatures</b>  | Name of installing contractor   |               |  |  |
|  | <b>Tests witnessed by</b>   |               |  |  |
|  | For property owner (signed)   | Title         | Date   |  |
|  | For installing contractor (signed)  | Title         | Date   |  |
| Additional explanation and notes   |   |               |  |  |
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